

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

Substitute for Form PTO-1360  
(For use with Form PTO/SB/06)

Application Number

**10564669**

Filing Date

Applicant(s) **Albrecht Hofmann**

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	1		1		1		51					
2		1		1		1	52					
3		2		1		1	53					
4		(1)		1		1	54					
5		(1)		1		1	55					
6		(1)		1		1	56					
7		(1)		1		1	57					
8		(1)		1		1	58					
9		(1)		1		1	59					
10		(1)		1		1	60					
11					1		61					
12						1	62					
13							63					
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45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep:	1			1		2						
Total Depend:	10	↓		9	↓	11	↓					
Total Claims:	11	██████		10	██████	13	██████					